

Improving Case Prevention Methods

Preventable TB cases continue to occur in Wisconsin. A preventable case includes all those for whom one or more of the recommended intervention activities could have been used but were not. Intervention activities include: prompt diagnosis, use of infection control procedures, contact investigation and examination, treatment and reporting of cases (suspected or diagnosed active tuberculosis), and treatment for latent TB infection (LTBI).

In concert with national TB control efforts, the Wisconsin TB Program and LHD priorities are:

1. finding persons with active disease and ensuring completion of treatment;
2. finding and evaluating contacts of those with active disease and ensuring completion of appropriate treatment;
3. screening persons at high risk for infection and ensuring completion of appropriate treatment.

The Wisconsin TB Program will promote the concept of “a decision to test is a decision to treat.” This does not mean that discrimination regarding who “deserves” treatment will govern who receives testing. Populations “at risk” are to be objectively determined based on epidemiologic evidence.

To prevent infection in persons potentially exposed to an infectious case of tuberculosis and to prevent active tuberculosis disease among contacts and other infected persons for whom treatment of LTBI is recommended, the following goals were developed:

- Stop the transmission of tuberculosis
- Identify and treat newly infected contacts
- Treat other identified infected persons
- Identify, evaluate and treat locally identified high risk groups

Goal 9: Stop transmission of tuberculosis

OBJECTIVE 1:

95% of persons reported with confirmed or suspected infectious tuberculosis will be placed in air borne precautions/isolation and started on an American Thoracic Society (ATS) approved regimen within three days of findings that establish TB suspect status.

Action steps:

1. Treatment for active tuberculosis disease will follow action steps outlined in Improving Disease Treatment Methods.
2. By September 2000, the Wisconsin TB Program will establish guidelines on effective practices related to isolation and confinement for clients outside the hospital for LHDs to adapt and implement by March 2001.
3. LHDs will be encouraged to adapt and implement the Wisconsin TB Program guidelines for establishing effective practices related to confinement of individuals who do not adhere to an isolation order. The TB Program will distribute this guidance to LHDs by September 2000. Based on this information, LHDs will establish standard protocols by March 2001 for non-compliant cases.
4. The Wisconsin TB Program will investigate possible locations and costs for inpatient isolation. By September 2000 the Wisconsin TB Program will delineate payment responsibility.
5. The Wisconsin TB Program will provide guidance to LHDs on the creation of Memoranda of Understanding (MOU) with facilities for providing inpatient care by March 2001. LHDs will establish an MOU with a facility by September 2001.
6. The Wisconsin TB Program and LHDs will maintain a dialogue with institutional infection control practitioners concerning isolation assessment and treatment plans to promote up-to-date policies, procedures and practices for their facilities.
7. The Wisconsin TB Program and LHDs will work with other agencies (e.g. Wisconsin TB Program to work with the Wisconsin Department of Corrections and LHDs to work with area nursing homes and jails) to develop and implement a TB control plan that is setting specific.
8. By October 2001, the Wisconsin TB Program will develop guidelines for an outbreak response plan for LHDs. Based on these guidelines, LHDs will develop an outbreak response plan for their jurisdiction by April 2002.

OBJECTIVE 2:

For each confirmed case of active TB disease in Wisconsin, an analysis will be performed to identify missed opportunities for disease prevention for the purpose of developing elimination goals.

Action steps:

1. Data regarding the length of time individuals with active tuberculosis disease have resided in Wisconsin will be collected and analyzed using the TB Suspect Case Data form beginning January 1, 2001.
2. Data regarding previous skin test results for individuals with active TB disease will be collected and analyzed January 1, 2001 using the TB Suspect Case Data form beginning.
3. Data will be reviewed by April 2002 and an algorithm developed to assign “in-state” and “out-of-state” categories of missed prevention opportunity.
4. The Wisconsin TB Program will establish Wisconsin specific TB elimination goals by 2003.

Goal 10: Identifying and treating newly infected contacts**OBJECTIVE 1:**

Contacts will be identified for at least 90% of sputum smear positive TB cases.

Action steps:

1. LHDs will be encouraged to adapt and implement the Wisconsin TB Program guidelines for establishing effective practices related to contact investigation. The Wisconsin TB Program will distribute this guidance to LHDs by February 2001. Based on this information, LHDs will establish standard protocols for contact investigation by August 2001.
2. Within three days after TB confirmation (CDC case definition) of active pulmonary or laryngeal TB disease, the LHD will interview the client (and appropriate others) and begin clinical evaluations and TB skin testing of all close contacts.
3. For children ≤ 4 years old reported as suspect or confirmed TB cases, source case investigations will be conducted within 1 to 3 days after the LHD receives the report.
4. The Wisconsin TB Program, in conjunction with LHDs, will assess reasons that cases have few (e.g. < 3) or no contacts identified, delays in interviewing cases or evaluating contacts. Strategies to improve areas of concern will be jointly considered.

OBJECTIVE 2:

95% of close contacts to an individual with active TB disease of the respiratory tract will be clinically evaluated and tested within 3 weeks after being identified as a contact to the confirmed case.

Action steps:

1. The LHD will develop and implement a case management plan (including follow-up care, education, and assessment for DOT) for infected contacts within 1 week after they have been identified as skin test positive.
2. Skin testing and medical evaluation for identified close contacts who are young children (≤ 4 years old) or immunosuppressed will be completed no later than 10 days after they have been identified as contacts. These contacts will be placed on appropriate treatment no later than three days after their medical evaluation.
3. Previously infected contacts (with a documented positive skin test) will receive a chest radiograph and medical evaluation.
4. LHDs will submit first-round contact investigation information (clinical evaluation and test results of all close contacts) to the Wisconsin TB Program within 45 days after the case has been identified. Second round skin testing and clinical evaluation results for contacts will be completed and submitted to the Wisconsin TB Program no later than five months after the case has been identified.
5. The LHD case manager for the index case will be responsible for obtaining information on skin test results and completion of therapy information for contacts residing outside the LHD jurisdiction (e.g. those tested by tribal clinics, employers, residential facilities or public health departments outside of the county or state).
6. The Wisconsin TB Program will assist LHDs in the follow-up of contacts living outside of the state.
7. The Wisconsin TB Program will provide brochures and fact sheets that meet the cultural and educational needs of contacts.

OBJECTIVE 3:

Unless medically contraindicated, treatment of newly identified LTBI will begin for 95% of contacts < 15 years of age and 75% of contacts ≥ 15 years of age.

Action steps:

1. The LHD will work with infected contacts to ensure treatment for LTBI is ordered within 7 days of clinical evaluation.
2. LTBI treatment will begin within 7 days after the LHD receives medications.
3. The Wisconsin TB Program will strategize with LHDs for obtaining services for uninsured persons (e.g. TR Benefit, fee-exempt testing through WSLH, public health dispensaries).

OBJECTIVE 4:

85% of contacts started on treatment for newly identified LTBI will complete their regimen.

Action steps:

1. For all individuals receiving medications through the Wisconsin TB Program, LHDs will:
 - monitor client at least monthly for side effects and adherence to treatment for LTBI,
 - determine which adherence strategies (e.g. DOT, pill counts, pill minders, frequent home visits) are indicated,
 - provide and document efforts to promote treatment completion and
 - submit the green “Follow-up on therapy” form (DOH 4125) to the Wisconsin TB Program for LTBI within 1 month
 - after the patient has completed treatment for LTBI

OR

 - after it has been determined that the patient cannot complete treatment within LHD jurisdiction.
2. The Wisconsin TB Program in conjunction with LHDs will assess reasons for contacts who start but do not complete treatment for LTBI and devise strategies for improvement.
3. Semi-annually the Wisconsin TB Program will conduct a status review of all clients receiving medications for LTBI and share the results with LHDs.

OBJECTIVE 5:

The Wisconsin TB Program will evaluate all contact investigation information submitted and provide status reports to LHDs annually.

Action steps:

1. The Wisconsin TB Program will provide training to LHDs on contact investigation data management.
2. LHDs will review results of contact investigations.
3. The Wisconsin TB Program will summarize contact information collected statewide.

Goal 11: Treat other infected persons**OBJECTIVE1:**

For TB infected individuals identified outside of a contact investigation (e.g. work place screening, targeted testing, etc.), 75% of those placed on LTBI treatment will complete their prescribed treatment.

Action steps:

1. The Wisconsin TB Program will establish guidelines for effective practices related to treatment of LTBI for LHDs to adapt and implement. The Wisconsin TB Program will begin distributing this guidance to LHDs by September 2001. Based on this information, LHDs will establish standard protocols related to treatment for LTBI by March 2002.
2. The Wisconsin TB Program will explore strategies with LHDs to obtain services for uninsured persons (e.g. TR Benefit, fee-exempt testing through WSLH, public health dispensaries).
3. For all individuals receiving medications through the Wisconsin TB Program, LHDs will:
 - monitor clients at least monthly for side effects and for adherence to treatment for LTBI,
 - determine which adherence strategies (e.g. DOT, pill counts, incentives, frequent home visits) are indicated,
 - provide and document efforts to promote treatment completion and
 - submit the green "Follow-up on therapy" form (DOH 4125) to the Wisconsin TB Program for LTBI within one month
 - after the patient has completed treatment for LTBI

OR

 - after it has been determined that the patient cannot complete treatment within LHD jurisdiction.
4. Semi-annually the Wisconsin TB Program will conduct a status review of all clients receiving medications for LTBI and share the results with LHDs.

Goal 12: Identify, evaluate and treat high risk groups**OBJECTIVE 1:**

LHDs will identify populations in their jurisdiction at risk for TB disease and LTBI.

Action steps:

1. LHDs will use surveillance data to develop a profile of the high-risk groups in their communities.
2. The Wisconsin TB Program will share information with LHDs on emerging high-risk populations.
3. LHDs will develop relationships with various population groups and community based organizations (CBOs) to identify emerging high-risk groups (e.g. foreign students, immigrants, and migrants).

OBJECTIVE 2:

LHDs will promote evaluation of high-risk populations for TB disease and LTBI.

Action steps:

1. LHDs will identify service providers and key employers of populations at high risk for TB disease and LTBI (e.g. health care providers, AODA treatment programs, nursing homes, providers who serve people with HIV infection and employers of large numbers of foreign-born individuals).
2. LHDs will educate service providers and key employers regarding:
 - local populations at high risk of LTBI and TB and
 - methods of evaluation and treatment protocols for LTBI and TB disease.
3. LHDs and the Wisconsin TB Program will provide appropriate consultation as needed.
4. LHDs will provide training on clinical evaluation and skin testing to service providers.
5. The Wisconsin TB Program will provide brochures and fact sheets that meet the cultural and educational needs of populations at high risk for LTBI and TB disease.
6. The Wisconsin TB Program and LHDs will work with service providers to enhance communication and service delivery so that assessment and treatment is timely, culturally competent, comprehensive and effective.
7. LHDs will determine the most appropriate assessment methods in each high-risk population identified (e.g. symptom evaluation, education, chest radiograph, targeted testing).
8. The Wisconsin TB Program will distribute the latest technical information regarding the evaluation of high-risk populations.

OBJECTIVE 3:

LHDs will promote treatment of populations at risk for LTBI and TB disease.

Action steps:

1. For all individuals receiving medications through the Wisconsin TB Program, LHDs will:
 - monitor clients at least monthly for side effects and adherence to treatment for LTBI,
 - determine which adherence strategies (e.g. DOT, pill counts, incentives, frequent home visits) are indicated,
 - provide and document efforts to promote treatment completion and
 - submit the green "Follow-up on therapy" form (DOH 4125) to the Wisconsin TB Program for LTBI within one month
 - after the patient has completed treatment for LTBI

OR

- after it has been determined that the patient cannot complete treatment.
2. The Wisconsin TB Program will explore with LHDs strategies to obtain services for uninsured persons (e.g. TR Benefit, fee-exempt testing through WSLH, public health dispensaries).
 3. LHDs, with assistance from the Wisconsin TB Program, will evaluate targeted testing initiatives.
 4. Semi-annually the Wisconsin TB Program will conduct a status review of all clients receiving medications for LTBI and share the results with LHDs.